

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		19/	3/1
FORMALITY REVIEW	H E	466	05.14.01
RESPONSE FORMALITY REVIEW	im	927	05/21/01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		✓	✓
2		✓	✓
3		✓	✓
4		✓	✓
5		✓	✓
6		✓	✓
7		✓	✓
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12		✓	✓
13		✓	✓
14		✓	✓
15		✓	✓
16		✓	✓
17		✓	✓
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47		✓	✓
48		✓	✓
49		✓	✓
50		✓	✓

Claim	Final	Original	Date
51		✓	✓
52		✓	✓
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99		✓	✓
100		✓	✓

Claim	Final	Original	Date
101		✓	✓
102		✓	✓
103		✓	✓
104		✓	✓
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141		✓	✓
142		✓	✓
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146		✓	✓
147		✓	✓
148		✓	✓
149		✓	✓
150		✓	✓

C.C.  
03-14-01

If more than 150 claims or 10 actions  
 staple additional sheet here

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